PRINTED BY:
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## MIDWEST
REGIONAL MEDICAL CENTER

2825 Parklawn Dr.
Midwest City, OK 73110
Telephone: 405-610-4411

DATE:
7/23/2015

## ADMISSION RECORD

| | | | | |
|---|---|---|---|---|
| ACCOUNT NO. 8210442 | | MEDICAL RECORDS NO. 0000525049 | | |

| | ADMIT DATE / TIME | ROOM NO. | PT | FC | AGE | DATE OF BIRTH | SEX | RA | MS | LOCATION | PROGRAM |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **P A T I E N T** | 02/15/2014 00:27 | 0000 | OA | A | 44 | | M | 4 | M | AMB | AMBL |

| | PATIENT NAME & ADDRESS | SS NUMBER | PATIENT EMPLOYER | EMPLOYER PHONE NO. |
|---|---|---|---|---|
| | RODRIGUEZ-SKERRETT, LUIS | | A1 ELECTRICAL | (405)360-5545 |
| | NORMAN            OK 73069 US | PHONE NUMBER | | COUNTY |

| | RESPONSIBLE PARTY & ADDRESS | SS NUMBER | RESPONSIBLE PARTY EMPLOYER | EMPLOYER PHONE |
|---|---|---|---|---|
| **G U A R** | RODRIGUEZ-SKERRETT, LUIS | | A1 ELECTRICAL | (405)360-5545 |
| | NORMAN       OK 73069 US | PHONE NUMBER | | RELATIONSHIP TO PATIENT GUARANTOR RE |

| EMERGENCY CONTACT NAME not in household | EMERGENCY CONTACT PHONE | EMERGENCY CONTACT RELATIONSHIP TO PATIENT |
|---|---|---|
| RODRIGUEZ, NAIR | | WIFE |

| COMMENTS | MSP | HHL ETH REL | PRIVACY | NPP | ADMIT. BY |
|---|---|---|---|---|---|
| WARREN THEATRE TO MOORE #10782 3/1 | ☐Y ☒N | E D UNK | | | MKS |

| PRIVACY | ACCIDENT | ACCIDENT DATE |
|---|---|---|
| | | |

| **I N S U R A N C E** | | PAYER 550 | PLAN OK1 | POLICY NUMBER 008068955 | DATE OF BIRTH 04/12/1969 |
|---|---|---|---|---|---|
| | 1 | | | | |

| INSURANCE CO. NAME & ADDRESS | INSURED'S NAME |
|---|---|
| MEDICAID PO BOX 18430 OKLAHOMA CITY        OK 73154 (800)987-7767 | RODRIGUEZ-SKERRETT, LUIS |
| | GROUP NUMBER         GROUP NAME |
| | AUTHORIZATION |

| | PAYER | PLAN | POLICY NUMBER | DATE OF BIRTH / / |
|---|---|---|---|---|
| 2 | | | | |

| INSURANCE CO. NAME & ADDRESS | INSURED'S NAME |
|---|---|
| | |
| | GROUP NUMBER         GROUP NAME |
| | AUTHORIZATION |

| | PAYER | PLAN | POLICY NUMBER | DATE OF BIRTH / / |
|---|---|---|---|---|
| 3 | | | | |

| INSURANCE CO. NAME & ADDRESS | INSURED'S NAME |
|---|---|
| | |
| | GROUP NUMBER         GROUP NAME |
| | AUTHORIZATION |

| **M I S C** | DR. ADMITTING / ATTENDING | DR. FAMILY / PRIMARY CARE |
|---|---|---|
| | AMBULANCE, DOCTOR        / | |
| | CHIEF COMPLAINT CARDIAC ARREST | ADMITTING DIAGNOSIS |

PRINCIPAL DIAGNOSIS (The condition established after study to be chiefly responsible for occasioning the admission of the patient to the HOSPITAL for care).

| | DISCHARGE DATE/TIME |
|---|---|
| | |

COMPLICATIONS

COMORBIDITY(ES)

PRINCIPAL PROCEDURE

EXHIBIT
tabbies'
_13_
WARREN

HMA7120

MEDICAL RECORDS COPY

8210442

PT. NAME Rodriguez-Skerrett, Luis   D.O.B. 4·12·69   AGE 44   PHYSICIAN _____   DATE: 1/29/2015

## HISTORY AND MEDICATIONS
HX: HTN

Per wife

RX: None

ALLERGIES: NKDA

ORIGIN: Warren Theater
1000 S. Telephone
Moore, OK 73160

DEST: Moore Medical
700 S. Telephone
Moore, OK 73160

MI: 0.1

OBSERVATIONS 6'0"  Kg WEIGHT 230#

AOS to find 44 y/o ♂ on ground in police custody. Family & PD at side. Non-responsive. Flacid extremities

MECHANISM OF INJURY: —
TRAUMA: 1  2  3  —

LUNG SOUNDS Agonal Respirations
Thick secretions

POST ET: CTA Bilateral = ↑↓ ∅ Epigastrum
SKIN CONDITION Acyanotic, Hot, Moist

PUPILS Reed  5 mm Sluggish

## VITAL SIGNS
| TIME | BLOOD PRESSURE | PULSE | RESP |
|---|---|---|---|
| 0030 | ∅ | 66 | 4 |
| 0035 | ∅ | CPR | BV |
| 0040 | ∅ | CPR | BV |
| 0045 | ∅ | CPR | BV |

### PATIENT MANAGEMENT
AIRWAY Agonal Respirations  TIME
11.0 OPA Placed ∅ gag reflex
8.0 26mm @ Lip @ 0046
ATT: 1 — 2  BY: 334
Airway Suchined Secured
OXYGEN RA  15 L BVT  ETCO2
SAO2 70%  83%  60-70mmHg
CPR Began at 0030
AED —
IV 15g 45mm  18g
LOCATION Ⓡ Tibia  ⒷAC
SIZE 500ml
SET: 10gtt
RATE w/o pressure bag
FLTC
ATT: 1:1  1:2  BY: 329 334

### GLASGOW COMA SCALE — MOTOR/EYES/VERBAL (grid)

CLINICAL IMPRESSION Cardiac Arrest

## MEDICATIONS/TREATMENTS
| TIME | MED/TREAT | DOSE/ROUTE | RESULTS | MONITOR |
|---|---|---|---|---|
| 0033 | Cardiac Monitor | I II | 48-60 BPM | Idioventricular |
| 0037 | Fast Patches | | | |
| 0045 | Epinephrine | 1.0mg IVP | ∅ Δ | |
| 0049 | Atropine | 1.0mg IVP | ∅ Δ | |
| 0059 | Blood Glucose | Venous | 129 mg/dL | |

## NARRATIVE/ALS ASSESSMENT
(Y) N AOS C-3 to above location to find pt as stated above. Arrived to find 44 y/o ♂ hand-cuffed on ground, involved in altercation with police. No agonal respirations, no pulse found initially. Pt placed on stretcher, straps placed. Pt has facial abrasions & abrasions on elbows. Pt placed on Cardiac Monitor, CPR begun, continued by FD upon arrival. IV attempted, IO placed @ Tibia, fluids initiated, 18g established @ BAC, enroute. Pt intubated 8.0-26 at Lip confirmed by auscultation & ETCO2, secured. Pt given 1.0mg Epi & 1.0mg Atropine. Pt transported C-3 to Moore Medical w/o incident per closest appropriate facility. Pt care & report given to ED Physician.

DATE 2/15/2014
DISP # 10782
10-8 0027
10-97 0027
10-14 0048
10-10 0049
CREW 329 334
UNIT # 3
RESPONDED FROM: 1000 S. Telephone
PTA CARE/SUPPORT AGENCY: Moore FD  Moore PD

MEDICAL CONTROL  ATTENDANT SIG. _____ NREMT-P

MIDWEST REGIONAL MEDICAL CENTER
EMS • 2825 Parklawn • Midwest City, OK 73110
Emergency: 911 • Business: 610-8066

8343400

B2104142

EMS REPORT
MRMC770 (02/11)   Page 1 of 2

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